

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/925504 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5	1						55					
6	1						56					
7		1					57					
8		2					58					
9		1					59					
10	1						60					
11	1						61					
12	1						62					
13	1						63					
14							64					
15	1						65					
16							66					
17							67					
18							68					
19							69					
20							70					
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22							72					
23							73					
24							74					
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28							78					
29							79					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	11											
TOTAL DEP.		3	2	1	1							
TOTAL CLAIMS	14											